

PORSF  
11.3.18.1 v4



NPDES #1300 Oily Discharge General  
Permit  
Discharge Monitoring Report

Submit report monthly by 15<sup>th</sup>  
of following month to:  
Oregon DEQ  
2020 SW 4th Avenue, Suite 400  
Portland, Oregon 97201

Legal Name: KINDER MORGAN LIQUID TERMINALS LLC  
Common Name: LINNTON TERMINAL  
Facility Location: 11400 NW ST HELENS RD , PORTLAND

Site/File ID #: 32300  
County: MULTNOMAH  
Month/Year: JULY 2006

Monitoring for Oil/Water Separator

TANK 3034

Day	Oil and Grease (mg/L)	Visible Sheen	Ethanol and/or MBTE	Flow
	Frequency varies, see permit	Daily, visual observation	Quarterly grab sample, if present on site and in bulk	Daily estimate, when discharging
Limit	10 mg/L monthly, 15 mg/L daily max.	No visible sheen at any time	No limit	No limit
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25				
26				
27				
28				
29				
30				
31				
Total				
Max.				
Average				

NO DISCHARGE

See Reverse Side for Additional Monitoring and Signature Block

## Stormwater Monitoring

Only for facilities required to have NPDES permits for stormwater, per 40 CFR 122.26  
Monitoring required for each point identified in the Stormwater Pollution Control Plan

Day	Visible Sheen	Floating Solids (associated with industry)	Total Copper (mg/L)	Total Lead (mg/L)	Total Zinc (mg/L)	pH (S.U.)	Total Suspended Solids (mg/L)
	Daily when discharging, visual observation	Once per month when discharging	Twice per year, grab sample	Twice per year, grab sample	Twice per year, grab sample	Twice per year, grab sample	Twice per year, grab sample
Limit	No visible sheen	No visible discharge*	0.1 mg/L*	0.4 mg/L*	0.6 mg/L*	Within 6.0 to 9.0	130 mg/L*
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30							
31							
<b>Total</b>							
<b>Max.</b>							
<b>Average</b>							

\*These are benchmarks, not effluent limits. If benchmarks are exceeded, review/possible revision of Stormwater plan is required. See permit for more details.

### Signature Requirement

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Responsible Official: \_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

*Steven C. Fungo*  
Steven C. Fungo Field Scheduler  
7-31-06 503 220 1276